

Placement Preference Form 2008

Name: _____

Address: _____

Telephone: (H): _____ Mobile: _____

Email: _____ Fax: _____

Please attach a recent CV with this form which will be sent to the GP Supervisor in the General Practice/Hospital

Do you have any disabilities or health issues which require special consideration to assist you while on your placement? If yes please specify _____

If your medical degree was obtained outside Australia, do you have any limitations on your provider number? _____

Do you intend to practice Obstetrics or Anaesthetics during your term? Yes ☐ No ☐

If yes, you must have completed DRANZCOG training or 12 months accredited Anaesthetics training. Have you completed this required training? Yes ☐ No ☐
☐

Are you interested in working in an Aboriginal Medical Service Yes ☐ No ☐

For General Pathway Registrars:

Have you completed your rural requirement? Yes ☐ No ☐

If Yes, where did you complete this placement? _____

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Your Training Plans for 2008

First Term: 21 January, 2008 – 20 July, 2008

Placement Term

Basic	<input type="checkbox"/>	Special Skills	<input type="checkbox"/>
Advanced	<input type="checkbox"/>	Advanced Rural Skills Post	<input type="checkbox"/>
Subsequent	<input type="checkbox"/>	Leave	<input type="checkbox"/>
Hospital	<input type="checkbox"/>		

Please indicate whether you will be training full time or part time.

Full Time	<input type="checkbox"/>	Part Time	<input type="checkbox"/>
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If part time please indicate the number of sessions per week _____

Please list your three preferred Training Placements

1. _____
2. _____
3. _____

Please state why you have chosen your particular preference. This can include such things as educational requirements or family/personal circumstances which you feel may impact on your placement.

Second Term: 21 July, 2008 – 18 January, 2009

Placement Term

Basic	<input type="checkbox"/>	Special Skills	<input type="checkbox"/>
Advanced	<input type="checkbox"/>	Advanced Rural Skills Post	<input type="checkbox"/>
Subsequent	<input type="checkbox"/>	Leave	<input type="checkbox"/>
Hospital	<input type="checkbox"/>		

Please indicate whether you will be training full time or part time.

Full Time	<input type="checkbox"/>	Part Time	<input type="checkbox"/>
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If part time please indicate the number of sessions per week _____

Please list your three preferred Training Placements

1. _____

2. _____

3. _____

Please state why you have chosen your particular preference. This can include such things as educational requirements or family/personal circumstances which you feel may impact on your placement.

Signature: _____ **Date:** _____

Please return this form to:

Suzanne Bergin
NTGPE
Email: suzanne.bergin@ntgpe.org
Fax: (08) 8946 7077
Post: PO Box u 179, Charles Darwin University, NT 0815

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